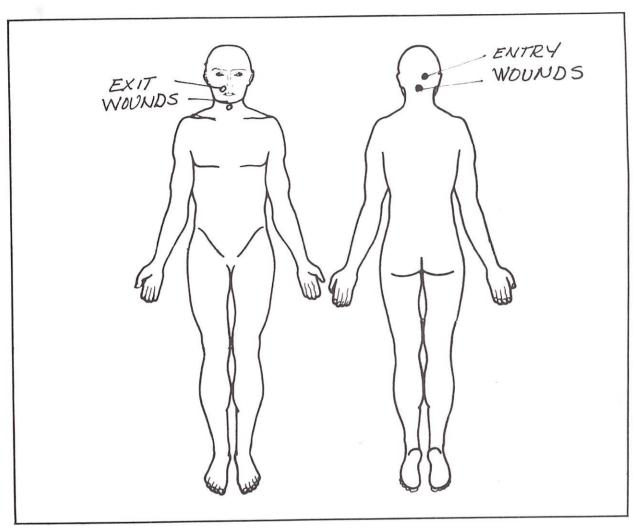


Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



Case #CONFIDENTIAL	
The following post-mortem was performed on this date	
by Dr. <u>Gordon Halsey</u> of the San Francisco Coroner's Office. This post-mortem was conduc	cte
n accordance with the laws of the state of California and the City and County of San Francisco. So sta	te
and sworn by	
a.C. anderson	
Name of Deceased: Scott Albert Sidney Hayes	
Address of Deceased: 34 Scenic Way	
San Francisco, Calif.	
Authorized by Signature Cham Epart ages	
Name Wilhelm Egbert Hayes	
Address1023 Broadway San Francisco, Calif.	
Relationship:Son	
PHYSICAL DESCRIPTION:	
SexM RaceCaucasian Height6'0"	
Weight 170 lbs. Hair Colorgray Eye Colorgreen	
Blood TypeA Body Temp90° Age68yrs.	
External examination: Well-nourished white male, late sixties	
Head & Brain: Massive damage to the 4th ventricle and severed medulla oblongata	
Thorax: Intact, healthy, no damage	

Abdomen: Organs normal for man of his age; gallbladder shows signs of incipient calculi



Pelvis: Normal		
Extremities: Well-formed, healthy, no bruises or lesion	1S	
Remarks: Death caused by 2 bullet wounds to the head instantaneous; time of death est. between mid-night		3)

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

7/08/34

Date: _

Time: 10,45

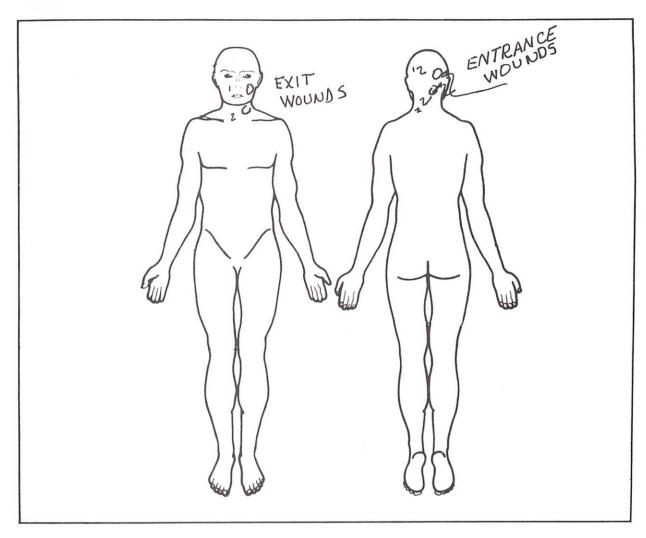
Dr. Gordon Malsey



Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



Case #	CONFIDENTIAL
The following post-mortem was performed on this date	July 3 , 19.34
by Dr. <u>Gordon Halsey</u> of the San Francisco in accordance with the laws of the state of California and	
and sworn by \mathcal{A} . \mathcal{C} .	anderson
Name of Deceased: Howard Black	
Address of Deceased: 750 14th Ave	o, Calif.
Authorized by Signature Lauchus 7	Fox
NameClaudius Fox AddressMonadnock Bldg. San Fr	
Relationship:Employer	
PHYSICAL DESCRIPTION:	
SexM RaceCauca	
Weight157 lbs. Hair ColorB1	
Blood TypeA External examination: Well-nourished wh	
Head & Brain: <u>Massive tissue damage</u> hemisphere caused by embedded	
Thorax: <u>Intact, healthy, no damage;</u>	old fractures of 3 right ribs



Pelvis: Normal

Extremities: Well-formed, healthy, no bruises or lesions

Remarks: Death caused by 2 bullet wounds to the head;

death instantaneous; time est. between mid-night and 3 a.m (July 3)

тнимв	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

Date: 7/03/34

Time: _________

Dr. Bordon Malsey



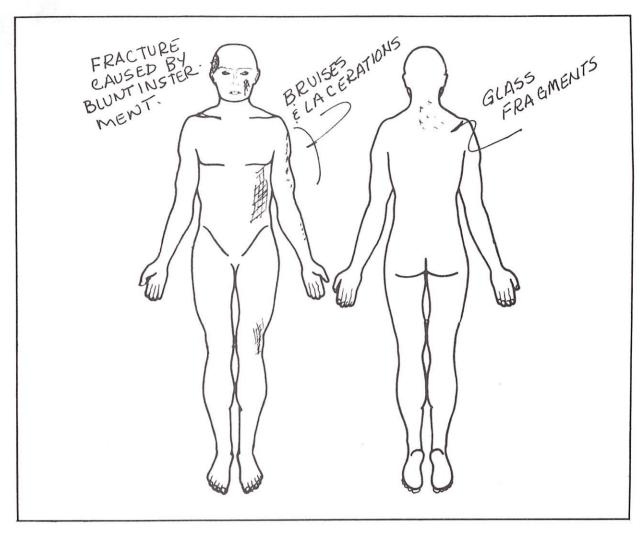
Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



1 8 8 0 1 / 3 4 Case #	
The following post-mortem was performed on this date	July 5 , 19 34
by Dr. <u>Gordon Halsey</u> of the San Francisco Coroner's Of	fice. This post-mortem was conducted
in accordance with the laws of the state of California and the City and	d County of San Francisco. So stated
and sworn by Q. C. Anderson	r
Name of Deceased:	
Address of Deceased:	
Authorized by Signature T.B.W. Leland Address 650 Merchant St. San Fran	
Address	orbed, earli.
Relationship:Coroner	
PHYSICAL DESCRIPTION:	
Sex <u>Male</u> Race <u>Caucasian</u>	-
Weight 175 lbs Hair Color Auburn	
Blood Type Body Temp.	
External examination: <u>Scratches, bruises, & la</u>	
and arms; well-nourished white male, appro-	
Head & Brain: Fracture of the skull; compress intracranial hemorrhaging; glass fragments	

Fractures of 2 left ribs; subcoracoid dislocation of

left shoulder



Pelvis: No damage Bruises and lacerations on arms & legs; left side Extremities: __ shows more damage than right Remarks: Death caused by massive hemorrhaging in cranial cavity; time of death approx. 5 p.m., July 4

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

7/05/34

Time: 11:03

Date: _

Dr. Gordon Malsey



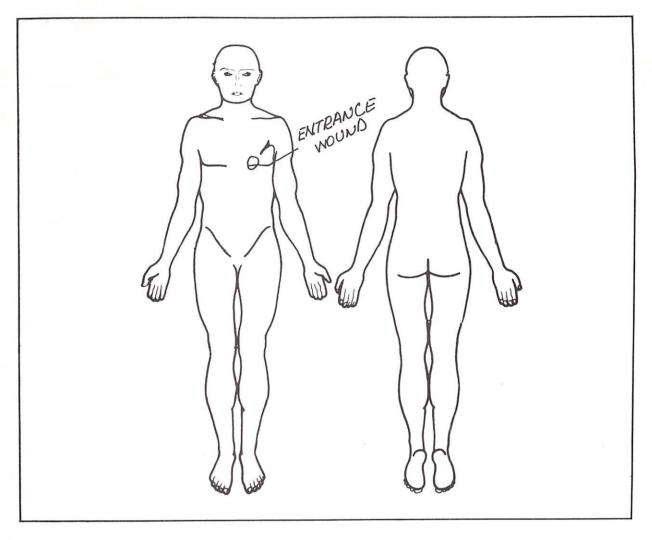
Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



CONFIDENTIAL 18802/34 Case # The following post-mortem was performed on this date $\underline{July 5}$, 19 $\underline{34}$ by Dr. Harry Dalrymple of the San Francisco Coroner's Office. This post-mortem was conducted in accordance with the laws of the state of California and the City and County of San Francisco. So stated and sworn by a. C. anderson Name of Deceased: _____Sam Thacker Address of Deceased: 1350 Hayes San Francisco, Calif. Authorized by Signature Munay Thacher Name _____Murray Thacker Address ____ 1350 Hayes San Francisco, Calif. Relationship: ____Father PHYSICAL DESCRIPTION: Sex Male Race Cauc. Height 5'10" Weight 190 lbs. Hair Color Brown Eye Color Brown Blood Type A Body Temp. 82° Age 20 yrs. External examination: ___Well-nourished white male, 20 yrs. old Head & Brain: No damage

Thorax: Hemothorax caused by bullet wound to chest;

perforated lung



Pelvis: Normal, no damage

Extremities: Normal, no damage

Remarks: Death caused by bullet wound from revolver probably discharged at medium distance causing perforation of lung and filling of pleural cavity with blood. Approx. time of death is 4 p.m. July 4

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

7/05/34

Date: _

Dr. Dalrymple



Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California

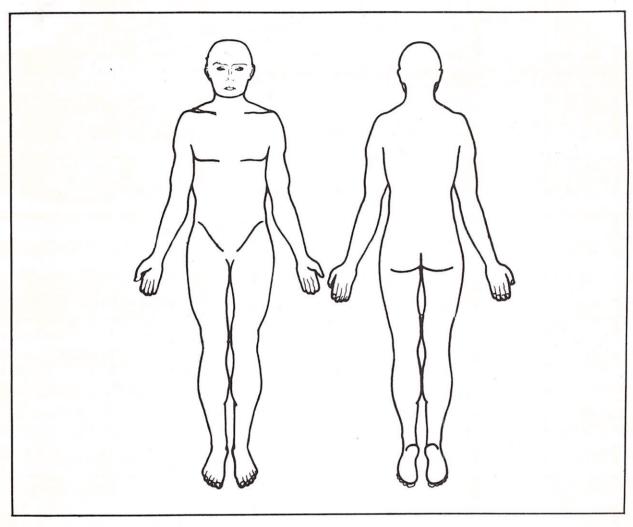


CONFIDENTIAL

. 8801/34 Case # __ The following post-mortem was performed on this date ______ July 5 ______ 19 34 by Dr. Gordon Halsey of the San Francisco Coroner's Office. This post-mortem was conducted in accordance with the laws of the state of California and the City and County of San Francisco. So stated and sworn by a.C. anderson Name of Deceased: _____John Doe Address of Deceased: Authorized by Signature _____ Name _____T. B. W. Leland Address _____650 Merchant St. San Francisco, Calif. Relationship: ____Coroner PHYSICAL DESCRIPTION: Sex Male Race unknown Height approx. 5' 7" Weight <u>unknown</u> Hair Color <u>unknown</u> Eye Color <u>unknown</u> Blood Type A Body Temp. NA Age approx.30-50 yrs. External examination: Body burned beyond recognition; all features obliterated as well as both hands, most of arms, one foot, most of lower legs Head & Brain: Skull burst, fractured by heat

Thorax: Chest & abdomen walls burned away: exposed organs seared & scorched.

Evidence of smoke particles in lung tissue.



Pelvis: NO	abnormalities observable
Extremities:	Both upper and lower extremities largely obliterated.
Remarks:indicat	Evidence of carbon monoxide in blood and smoke particles in lungs es that victim was alive at time fire started. No identification possible
Damage	e extensive.

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER	7/05/84
вотн	HANDS	OBLITERA	TED		Date:
200000000000000000000000000000000000000	MAG DELLEMENT DEA	a union ac			Dr. Gordon Walsey



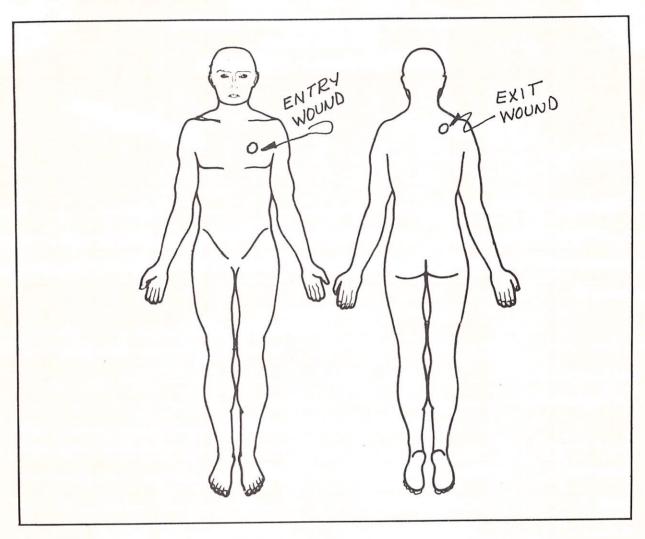
Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



1 8 9 0 1 / Case #		CONFIDENTIAL	
he following post-mortem was perf	ormed on this date	July 5	, 19 <u>_3</u> 2
y Dr. <u>Harry Dalrymple</u>	of the San Francisco Coroner's	Office. This post-mortem was	conducted
accordance with the laws of the st	ate of California and the City	and County of San Francisco	. So stated
nd sworn by			
	a.C. ander	son	
Name of Deceased:	Jack Bier		
Address of Deceased:	5533 California		
	San Francisco, Cal:	f.	
Authorized by Signature			
NameFrance			
Address 5533 (California San Fr	cancisco, Calif.	
Relationship: Wife			
YSICAL DESCRIPTION:			
Sex <u>M</u>			
Weight 165 lbs.			
Blood TypeO		-	
External examination:	well-nourished whit	e male, mid-forties	5
Head & Brain: No damage			
Thorax: Massive hemorrh	paging rogulting in		

and cardiac failure. Shattered sternum, bone fragments embedded in

heart and lungs.



Pelvis: No damage Extremities: Normal, intact Remarks: Death caused by bullet wound to chest causing mortal damage to heart; death instantaneous; death occurred at approx. 3:30 p.m. (July 5)

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

Date: ___

Dr. Dalumple

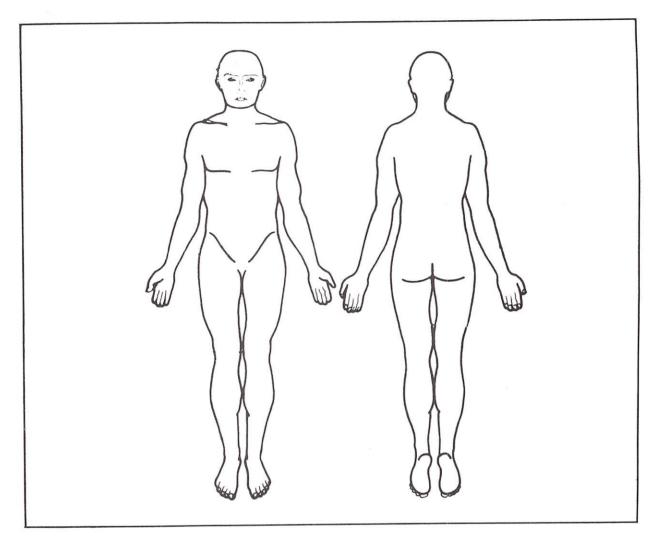


Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



18903/34

Case #			
The following post-mortem was			
by Dr. Harry Dalrymple			
in accordance with the laws of the	ne state of California and the C	ity and County of San Fran	ncisco. So stated
and sworn by			
	a.C. 9	nderson	
Name of Deceased:			
Address of Deceased:	320 Turk Street		
	San Francisco, Calif.		
Authorized by Signature	Edith Jones		
Name	Edith Jones		
Address	828 Jones Street		i
	Friend		
PHYSICAL DESCRIPTION:		6	
Sexfemale	Race _Caucasian	Height _5'4''	
	Hair Color <u>blonde</u>		
Blood Type A	Body T	emp. <u>92°</u> Age	_41 yrs.
	ll-nourished white female various parts of body, pr		r fresh
	the skull. Laceration of s		
	ma. Cyanosis of face and lung tissue from adolesce		
IIIUIAX.	g m daylobed	Tro recent damag	o apparent.



Pelvis: No damage

Extremities: Some minor bruises on legs and arms

Remarks: Dearh apparently caused by fall down flight of stairs resulting in skull fracture. No evidence of alcohol or toxic substances in blood.

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

Date: 7-5-34

Time: 15:35

Dr. Halrymple



Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California

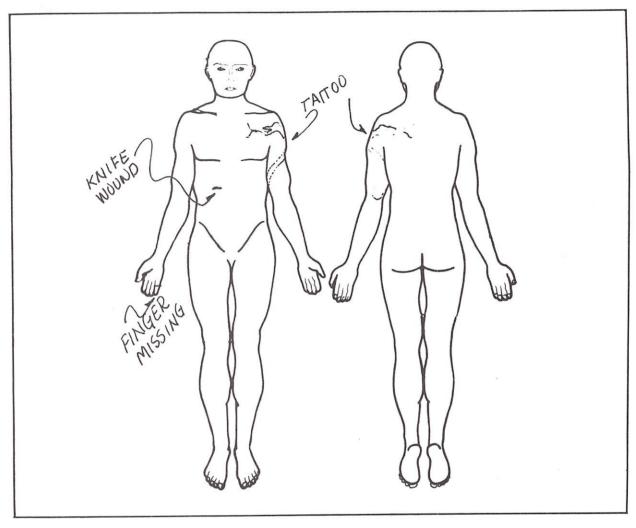


CONFIDENTIAL

18902/34 Case # _____ by Dr. Harry Dalrymple of the San Francisco Coroner's Office. This post-mortem was conducted in accordance with the laws of the state of California and the City and County of San Francisco. So stated and sworn by a.C. anderson Name of Deceased: ______John Doe Address of Deceased:____ Authorized by Signature Name _____T.B.W. Leland Address _____ 650 Merchant San Francisco, Calif. Relationship: _____Coroner PHYSICAL DESCRIPTION: Sex _____M Race Oriental Height 5'4" Weight 119 lbs. Hair Color Black Eye Color Black ________Body Temp. <u>85°</u> Age <u>35 (appr</u>ox) Blood Type A External examination: Well-nourished Oriental male in mid-thirties Head & Brain: __Intact, healthy, no damage

Thorax: Punctured left ventricle and severed descending aorta

Puncture wound to lower abdomen ascending to thorax. Abdomen: _



Pelvis: _____No damage Extremities: Right hand missing little finger at 1st joint, damage approx. 2 yrs. old; tattoo of 2-headed snake on upper left arm. Remarks: Death caused by thin stiletto (approx. 6 in.); virtually instantaneous.

тнимв	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

7/05/34 Date: _

Dr. Dalumple

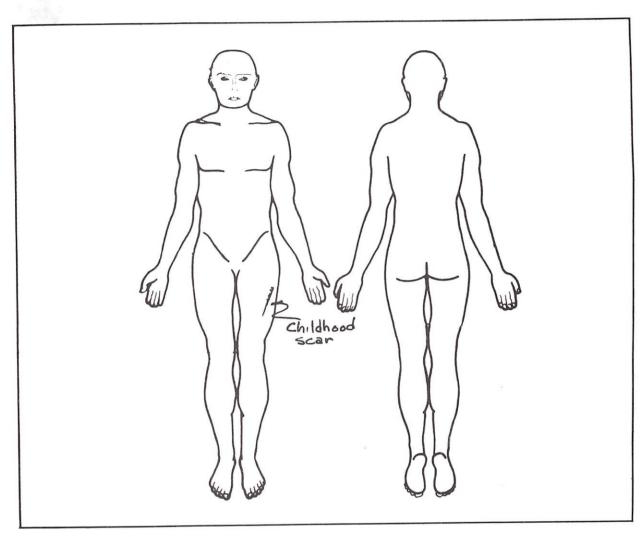


Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



1 1 0 1 / 3 4 Case #
The following post-mortem was performed on this date July 7, 19 $^{-3}$
by Dr. Gordon Halsey of the San Francisco Coroner's Office. This post-mortem was conducte
in accordance with the laws of the state of California and the City and County of San Francisco. So stated
and sworn by
Name of Deceased:Aloysius Wade
Address of Deceased: 3320 19th Street
San Francisco, Calif.
Authorized by Signature Bull Solours
NameT. B. W. Leland
Address 650 Merchant St. San Francisco, Calif.
Relationship:Coroner
PHYSICAL DESCRIPTION:
Sex Male Race Caucasian Height 5'11"
Weight155 lb. Hair Colorbrown Eye Colorbrown
Blood Type O Body Temp. 95° Age 26 yrs.
External examination: Well-nourished white male in mid-twenties; severe acne
vulgaris covering face & extending to upper chest and shoulders
Head & Brain: Single bullet wound to left temple from distance of approx. 6 ft.; bullet caused extensive damage to left cerebral cortex before severing carotid
Thorax:Intact, healthy, no damage

Abdomen: Single bullet lodged in stomach. Bullet entered level of 6th-8th rib causing serious hemorrhaging.



Extremities:	Normal; left arm shows evidence of childhood break
Domarke:	Death caused by bullet wound to brain; second bullet wound to
	men. Time of death approx. 3 p.m. July 7

тнимв	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

Date: _____

Time: 11:15

Dr. Mordon Malsey

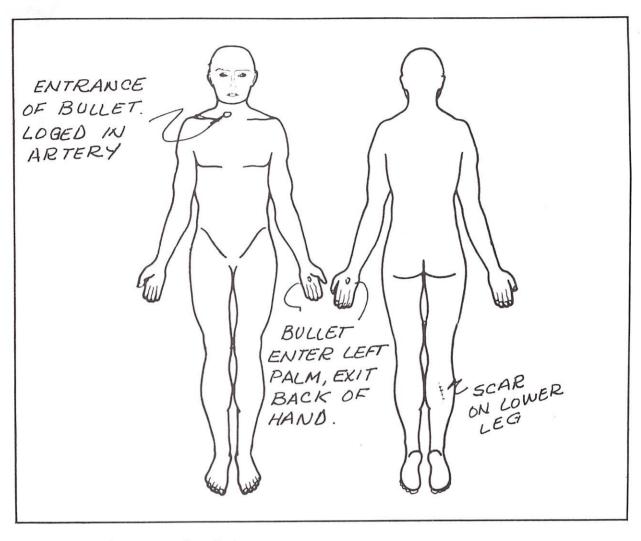


Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



			C	ONFIDEN	
The following post-n	nortem was performed	on this date	July 9		, 19_34
by Dr. Harry Da	LrympleoftheS	an Francisco Co	roner's Office. This p	oost-mortem was c	onducted
in accordance with th	e laws of the state of C	California and th	e City and County	of San Francisco. §	So stated
and sworn by		a.C. a.	nderson		
l .	d: <u>Jackson o</u> sed: 1120 Howa San Franc	ard			
Name	Signature Bl C.B.W. Leland 550 Merchant Coroner	San Franci			
PHYSICAL DESCRIP	TION:				
Weight135 Blood Type External examina	Race 1bs. Hair o tion: Well-nour intact, no damage	Color <u>black</u> Boo	by Temp. 93°	Color <u>brown</u> Age 26 y	yrs.
	et wound to nec	k; punctur	ed internal j	jugular vein	

Abdomen: ___normal_____



Pelvis: _____intact, healthy

Extremities: Bullet wound through palm of left hand; no other injuries; well-developed strong hands

Remarks: Death caused by extensive hemorrhaging caused by bullet wound to neck. Death occurred within 5-10 minutes of injury, approx. 2:30-3:30 pm July 9

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

7/00/34 Date:

... 18:10

Dr. Dahymple



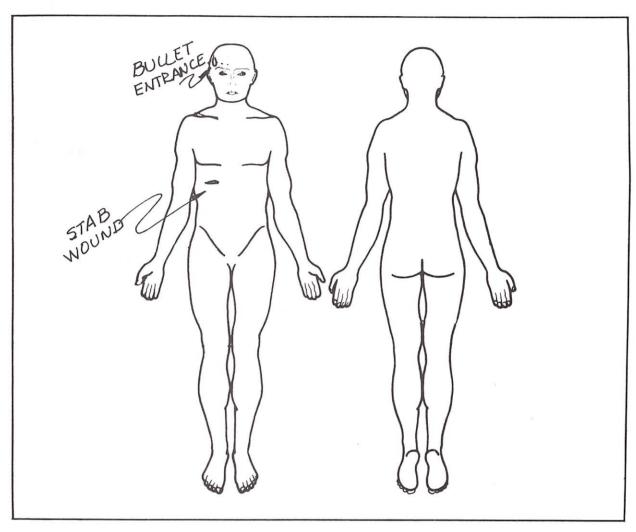
Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



18202/34

Case #	CONFIDENT
The following post-mortem was performed on this date	
in accordance with the laws of the state of California and the City and Co	
and sworn by	n
Name of Deceased:	
Authorized by Signature Bu Joland Name T.B.W. Leland Address 650 Merchant San Francisco, Cal Relationship: Coroner	if.
PHYSICAL DESCRIPTION: Sex Male Race Cauc. Weight 200 lbs. Hair Color Black Blood Type B Body Temp. 8 External examination: Bruises on face and torso	. Eye Color <u>green</u>
Head & Brain: Single bullet wound to right temple superior parietal lobe; degeneration of post. Thorax: Stab wound to right side, puncturing descriptions are been double sided blade about	erior root ganglia

Abdomen: Bruises apparently result of recent blows; no serious internal damage



Normal, intact Pelvis: __ Degenerative changes observed in peripheral nerves Extremities: _ Remarks: Death caused by bullet wound to brain; evidence of alcoholic neuritis; time of death approx. 2:00 p.m. July 8

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

Dr. Dalumple

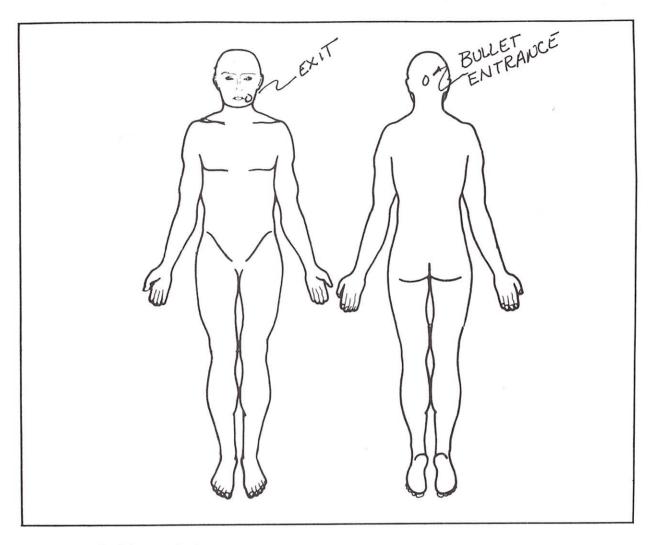


Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



Case # _	19209/34	CONFIDENTIAL
The following pos	st-mortem was performed on this date	
by DrGordo	n Halsey of the San Francisco Co	oroner's Office. This post-mortem was conducted
in accordance wit	h the laws of the state of California and th	he City and County of San Francisco. So stated
and sworn by		
	_a.c. q.	Inderson
Name of Dece	ased: Joseph Blonski	
Address of De	ceased: Bellevue Hotel	
	San Francisco, Cali	f
Authorized by	Signature Slobela	nd
Name	T.B.W. Leland	
Address	650 Merchant San Fra	ncisco, Calif.
Relationship:	Coroner	
DUVOLONI DEGO	DIRTION	
PHYSICAL DESC	RIPTION:	
		nHeight _5'5"
		Eye Color <u>blue</u>
		ody Temp. 93° Age 54 yrs.
		arent, particularly on areas
Head & Brain:	Extensive damage to brain	n; bullet discharged from ns varolii and medulla oblongata
	no damage; organs normal for	

Abdomen: Normal



Pelvis: Split pelvis

Extremities: Old burn scars on left wrist and forearm

Remarks: Death caused by single bullet to back of head,

"execution" style. Death virtually instantaneous, approx.

3 p.m. July 9

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER
				11/1011

7/0**0**/34

Time: 17:30

Dr. Gordon Halsey

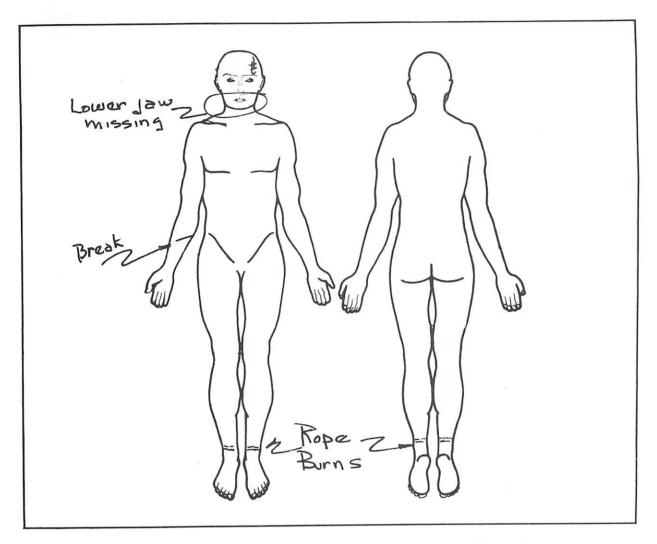


Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



19401/34

Case #	<u> </u>		
The following post-mortem was	s performed on this date	July 11	, 19. 34
by Dr. Harry Dalrymple			
in accordance with the laws of			
	ine state of Camornia and	the City and County of Sa	ii Francisco. 30 stated
and sworn by			
Name of Deceased:	John Doe		
Address of Deceased:			
	0.50		
Authorized by Signatu	re Thou da	land	
	V Tolond		
	erchant St. San Fra	ncisco, Calif.	
Relationship:	er		a (8)
Helationship:			
PHYSICAL DESCRIPTION:			
Sex <u>male</u>	Race _Caucasian	n Height 5	1 811
Weight150 lb.			
7. 5			Age approx. 50-60 yrs
External examination: Ex			
Damage from fish bite	es and battering on ro	cks	
Head & Brain: <u>Head and</u>	face bruised and rav	aged. Lower jaw miss	ing. Teeth missing.
	of choride content and	l magnesium content i	



Pelvis: Minor damage apparently result of recent contact with rocks in water

Extremities: Abrasions around ankles indicate probable binding by rope. Evidence of broken left leg 7-10 yrs. previous. Fresh break to right arm.

Remarks: Body has been submerged in salt water for at least a week. Extensive damage makes identification by appearance impossible. Personal artifacts indicate identity as Morris Zeager. Exact cause of death not determined. Probably not drowning.

THUMB	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

Date: 7 - 12 - 34

Fime: 10.30

Dr. Halrymple

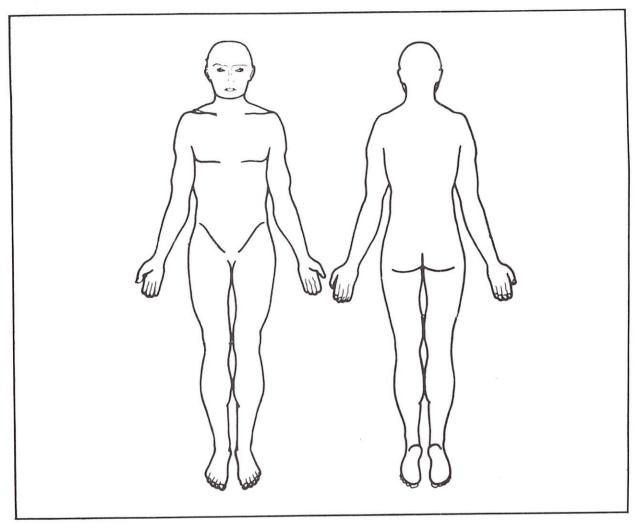


Office of the Coroner City and County of San Francisco 650 Merchant San Francisco 1, California



19402/34

Case #
The following post-mortem was performed on this date
y Dr. Harry Dalrymple of the San Francisco Coroner's Office. This post-mortem was conducted
accordance with the laws of the state of California and the City and County of San Francisco. So stated
nd sworn by
a.C. anderson
Name of Deceased: Morton Rinzler
Address of Deceased: 245 Hernandez
San Francisco, Calif.
Authorized by Signature
NameT.B.W. Leland
Address650 Merchant St. San Francisco, Calif.
Relationship:Coroner
HYSICAL DESCRIPTION:
Sex Male Race Caucasian Height 5'9"
Weight Hair Color brown Eye Colorhazel
Blood Type O Body Temp. 92° Age 27 yrs.
External examination:General good health. Some signs of narcotics use.
Head & Brain: Normal
Thorax: No damage



Pelvis: Normal

Extremities: Left forearm shows several needle punctures, bruises and scabs

Remarks: Death result of asphyxia, Respiratory failure, apparently caused by overdose of narcotics. Apparent suicide.

тнимв	FORE FINGER	MIDDLE FINGER	RING FINGER	LITTLE FINGER

Date: 7-11-34

Time: 14:30

Dr. Danymple